



TB CARE I

TB CARE I - Mozambique

Year 4

Quarterly Report

January – March 2014

April 30, 2014

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1. Quarterly Overview

Country	Mozambique
Lead Partner	FHI360
Coalition Partners	KNCV, MSH, WHO
Other partners	CB DOTS Implementing Agencies
Work plan timeframe	October 1, 2013 to December 31, 2014
Reporting period	Jan – March 2014

Most significant achievements:

Universal Access

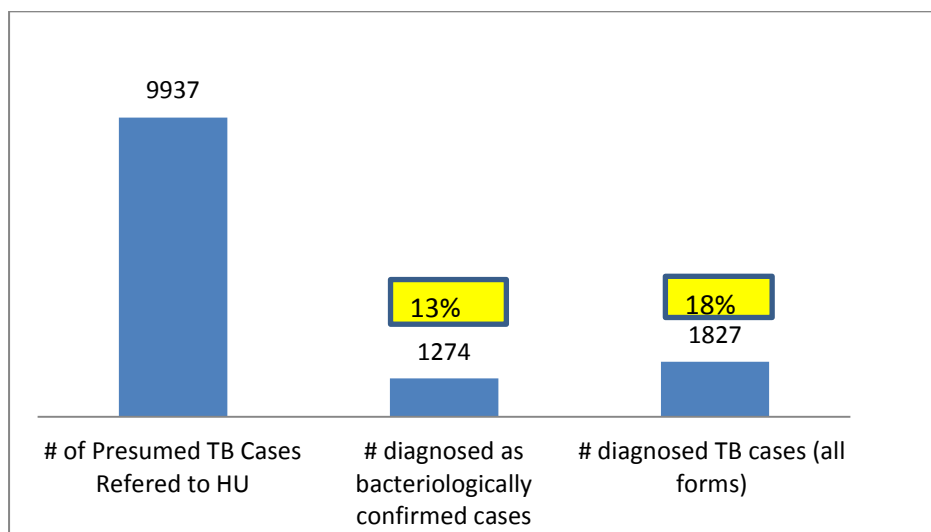
Community-based DOTS

The project is implementing on a pilot basis a new CB DOTS model in 3 districts of 3 provinces (Caia in Sofala, Tsangano in Tete and Muecate in Nampula) with the objective of developing a sustainable model that can be easily adopted and implemented by the NTP after project closure. The new model reduces significantly administrative costs by eliminating the role of CB DOTS implementing agencies and relies more on using existing health facility resources for suspect referral, diagnosis, treatment and care of TB patient. Close monitoring of the model is being done to assess effectiveness and if end results are positive, the model can be recommended for adoption as initial assessments have deemed it cost-effective.

In terms of case detection, community health workers trained in CB DOTS (comprising community volunteers, traditional healers and leaders) referred 10,564 presumed TB cases to health facilities in the project target districts. 9,927 of the presumed TB cases referred by CHW, (94%) successfully reached the health facilities for TB diagnosis, which suggests that the community referral systems of suspected cases are being used and are effective.

From the 9,927 presumed TB cases that reached the health facilities for TB screening, 13% (1,274) were diagnosed as bacteriologically confirmed TB/sputum smear positive (SS+), and 5% were clinically diagnosed or extra-pulmonary (EP) cases, bringing the total number of TB cases (all forms) diagnosed to 1,827 or 18% of all presumed cases that reached the health facilities.

Graph 2: TB case notification among presumed TB cases in 53 TB CARE I target districts



Contact tracing

Contact tracing improved slightly by 4% in quarter 2 compared to quarter 1. Of the 1,282 contact referred, 633 were males. In terms of representation of contacts referred for every smear positive patient (SS+) diagnosed, at least one contact per each SS+ patient (a ratio of 1/1.01) was referred which demonstrates improved efforts in-terms of contact investigation and referral to previous quarters where no contacts for SS+ patients were referred. The TB/HIV co-infection rate among SS+ diagnosed patients for the period is 26% (336/1,274).

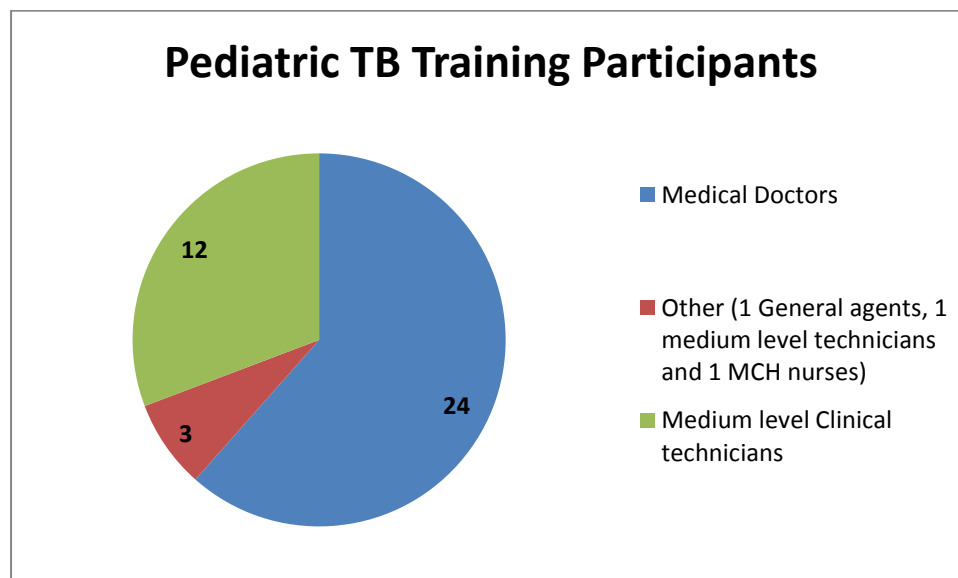
The annual TB CARE I Mozambique partners meeting took place in March and brought together the NTP central and provincial levels representatives, TB CARE I coalition partners, CB DOTS implementing partners and staff working on other FHI360-supported projects being implemented in the same provinces and districts where the TB CARE I project is active. The objectives of the meeting were to strengthen coordination and collaboration as well as evaluate progress on implementation of activities. In total 39 people (9 females and 30 males) participated. Some of the meetings recommendations included the need to; 1) strengthen coordination and collaboration between CB DOTS implementing agencies (IAs) and provincial/district directorates of health in planning and reporting of activities, 2) improve quality of data reported by frequently conducted data quality assessments and data validation, 3) fortify pediatric TB case management, and 4) mitigate risks in sub award financial management.

The TB CARE I project also supported the NTP in commemorating the World TB day with campaign materials (T/Shirts, banners, head gear and leaflets) printed and distributed to all 11 provinces in the country. The support also included organizing a symposium to mark the event with various high level ministry of health staff giving speeches on TB control. The activity is meant to raise awareness on TB as a public health problem and advocate for greater political involvement in TB control.

The project supported the printing and distribution of 7,000 copies of Artesunate and Rapid Diagnosis Test (RTD) job aids and 5000 malaria treatment guidelines during the reporting period as part of its support to the National Malaria Control Program (NMCP) to improve malaria case management activities.

The project supported the training of clinicians in Pediatric TB screening in Zambézia province.

Graph 1: Pediatric TB training participants by profession.



Laboratories

With technical and logistical support from the project, the central laboratory department conducted a national training in quantification of laboratory consumables and reagents. The main objective of this training was to build the capacity of laboratory personnel from central and provincial level laboratories to correctly quantify consumables and reagents and adequately meet quantification needs, thus

preventing stock outs in the process. A total of 47 participants (10 females and 37 males) from the country's 11 provinces were trained, with technical support from the MSH lab consultants. Pre-and post-test evaluations were conducted to assess the level of knowledge acquired by participants; 35 of the participants successfully completed both evaluations, and the results showed an increase of 38.8% in knowledge acquired as a result of the training.

Health Systems Strengthening

TB CARE I project officers in Zambézia, Gaza and Nampula provinces provided logistics and technical support in the planning and conducting of monthly taskforce meetings. Technical support was also provided to the NTP provincial department in monthly planning activities held together with the provincial health directorate as well as in quarterly NTP provincial progress evaluation meetings and supervision visits. The support given by the provincial officers to the provincial NTP department and CB DOTS implementing partners/implementing agencies (IA) has been highly rated with a substantial difference noted between results from provinces with this support and those without, especially performance of partners in-terms of results attained and financial management. Data will be presented next quarter to illustrate the difference in performance between provinces.

The project is supporting the expansion of the microscopic laboratory network through the identification and rehabilitation of usable space within health facilities that have no laboratories. After the rehabilitation is completed, the project helps to equipping these facilities (including the installation of LED microscopes) to ensure their proper functioning. In addition to the 4 health facilities rehabilitated in APA3, 7 locations have been identified in APA4 in the 7 TB CARE I target provinces.

M&E, OR and Surveillance

Technical assistance in data quality was provided to 3 CB DOTS implementing partners. Visits were made to 9 districts for data verification. As part of the data verification, program indicators were jointly reviewed to ensure that data collected and reported is consistent with approved indicators and valid. On the job training was provided to IA coordinators, supervisors and field staff on data verification.

The data verification exercise is an integral component of Data Quality Assessment (DQA), and an ongoing process designed to build capacity and strengthen the M&E departments of IAs by ensuring that IA provincial coordinators are actively involved in reviewing monthly data before they send their reports to the NTP at district level and TB CARE I. An internal (FHI360) data verification tool was used during the process, in which preselected indicators were reviewed and analyzed for variation. As normally expected, the variability in results during the first DQA verification exercise was higher than - +5%; with frequent verifications, it is expected that this variability will decline. For IA who had already received DQA visits and were now regularly conducting verification on their own, data verification exercises on 3 randomly selected indicators in Gondola district presented zero variance (Table 1). This improvement in results is attributed to continuous verification being down by IA.

Table 1: DQA verification results

	Name of Program:	TB CARE I		
	Name of site	ADPP: Gondola District		
	Name of data verification team:	Gorge Felix (ADPP), Henes Mior (PNCT), Ivandra Chirime (PNCT), Manuel Cumba (PNCT DPS Manica), Juliana Conjera (FHI360), Moises Jambo (ADPP)		
Indicators	Primary source of data	Quarter 1 APA 4		
		Verified value	Reported value	Variance (%)
Number of active volunteers in Q1 2013	ADPP Quarter 1 report	104.0	104.0	0.0
# of Presumed TB Cases Referred to HU in Quarter 1 2013	Referral forms (ADPP)	369.0	369.0	0.0

# of Presumed TB Cases diagnosed SS+ in Quarter 1 APA 4	Referral forms (ADPP)	117.0	117.0	0.0
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In 2012, the National Malaria Program introduced new tools for data collection in order to improve malaria data registration and reporting. Following the introduction of the tools, there was need to train malaria personnel involved in registration and reporting of data in the use of the tools as part of the roll out process. To strengthen data quality, the project is supporting the training of all health professionals with specific M&E responsibilities in the malaria program, including malaria district focal points, maternal and child health nurses, and district medical officers. For this reporting period, 2 provinces (Cabo Delgado and Nampula) received this support, with a total of 159 (58 females and 101 males) trained.

Drug Management

Support supervision was conducted in Sofala province to strengthen LMIS activities and validate data sent from the provincial and district levels to the national level. The supervision visit provided an opportunity to verify how the LMIS forms were being used. There was a gap identified in the practical use of the forms, which prompted the need to conduct an urgent training in drug management and forecasting. The TB CARE I drug management specialist was accompanied by one staff member from the national drug warehouse.

Financial gap analysis

The financial gap analysis for the country's national TB program has been finalized with TB CARE I support, with projected funds necessary for 2016 included, as shown in table 2 below. The importance of the gap analysis is to show the gap in funding which needs to be covered (about \$1.9M) for successfully procurement of drugs to support the country until 2016. If the gap in funding is not funded, the country might likely face TB drug stock out.

Table 2: Financial gap analysis 2014 - 2016

Funding source	Years			Grand Total
	2014	2015	2016	
CMAM	\$2,232, 950.34	83, 636.29	\$ 126, 445.80	\$2,735, 534.06
GF NFM Y1		\$4,961, 181.51		\$4,961, 181.51
GF NFM Y2			\$7,010, 349.05	\$7,010, 349.05
GF TFM Y1	\$1,847, 785.75			\$1,847, 785.75
GF TFM Y2	\$2,129, 824.19	\$973, 686.54		\$3,103, 510.73
SCMS	31, 454.06			\$324, 135.01
TBD	181, 099.32	\$791, 913.62	\$1,018, 106.92	\$1,991, 119.86
VPP R07PhII				\$1,898, 545.42
World Bank	\$232, 351.06			\$232, 351.06
Grand Total	\$6,655, 464.72	\$6,810, 417.96	\$8,154, 901.77	\$24,104, 512.45

Technical and administrative challenges:

The TB CARE I Mozambique Laboratory Officer resigned from her post, effective on March 07th, 2014. This will undoubtedly delay implementation of some laboratory activities. Given the relatively limited time remaining before the project ends, discussions are ongoing on how best to continue to implement remaining activities with existing human resources within TB CARE I (MSH and KNCV) and the NTP Lab department.

Delays in obtaining NTP's approvals for short term technical assistance visits proposed in the APA4 work plan to complement other TB CARE I inputs are slowing down on the implementation of planned APA4 activities.

Continued political tension in the country is also affecting the implementation and supervision of planned activities, especially in Sofala and Manica provinces.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹	Comments
1.1.1	Number of facilities where quality of services is measured	50	53	Measured annually	
1.2.3	Status of PPM implementation	n/a	1 (support in the realization of one PPM National meeting)	0	First contacts established between NTP (with TB CARE I support) and mining companies including private companies to coordinate the realization of the PPM national meeting
1.2.5	Childhood TB approach implemented	Yes	Yes	Yes	Trainings of clinicians to be involved in Pediatric TB screening conducted in one TB CARE I target province of Zambézia with 39 people trained. Support is also provided to clinicians and technicians during supervision visits.
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	3,947 (884)	4,223	1,070	Results are from October to December 2013
1.2.7	Prisons with DOTS	n/a	7 (3 main regional prisons + 4 provincial)	0	IEC materials to be used in implementing DOTS activities in prisons have not been developed. This

¹ If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

					depends mainly on the finalization and approval of the ACSM strategy
1.2.8	CB-DOTS program is implemented	Expansion to 5 more district through TB CARE I support	Expansion to 3 more districts. This will increase coverage of CB DOTS districts with TB CARE I to 53 out of 128 districts	3	Expansion to new 3 districts in 3 provinces completed using the new CB DOTS model.
1.2.9	Population covered with CB-DOTS	11,467,170	11,947,651	12,145,595	53 districts covered by CB DOTS in 7 provinces. Total population covered represents about 52% of total country population. Three more districts are being covered in APA4
1.2.10	% of health facilities offering CB-DOTS services	60% (637/1057)	62% (659/1057)	Not yet measured	
1.1.4	<i>National ACSM strategy finalized</i> Description: The ACSM strategy developed and approved by the MOH	n/a	National Strategy finalized	Not yet assessed	
1.1.5	<i>Number and % of mining companies which have TB listed as a priority in health plans and have signed an MOU with NTP</i> Numerator: Number of mining companies which sign the MOU Denominator: total number of registered mining companies	n/a	75% (6/8) of all registered mining company actively involved in TB control	0	First contacts established between NTP (with TB CARE I support) and mining companies including private companies to coordinate the realization of the PPM national meeting
1.2.11	<i>% increase in TB case detection through implementation of Hospital based SOPs to enhance health workers capacity to diagnose TB</i> Numerator: Number of cases (TB) registered per health facility implementing the ICF strategy Denominator?	n/a	One province, 3 health facilities (increase of 15%)	Measured annually	Support training to health facility nurses to be involved in the implementation of the ICF strategy was not conducted due to a delay in approval of the SOPs. Approval has since been granted and MSH is

						ready to proceed with trainings.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²
				Start	End	
1.1.1	FHI360, KNCV	Strengthen implementation of the Patient Charter	Materials have been reproduced and distributed to the 7 TB CARE I provinces. Implementation to start in Q2	Oct 13	Sep 14	Pending
1.1.2	FHI360, KNCV	Integrate PCA strategies with the current human rights strategy adopted by the Ministry of Health	Pending KNCV mission visit to integrate the TB Patient Charter and the MOH general patient charter. Mission programmed for June 2014.	Oct 13	Sep 14	Pending
1.1.3	FHI360, KNCV	National ACSM strategy is finalized	Draft review in progress with the KNCV ACSM Advisor leading the process	Oct 13	Sep 14	Pending KNCV mission visit.
1.1.4	FHI360	Active involvement of mining companies in TB control	First contacts established between NTP (with TB CARE I support) and mining companies including private companies to coordinate the realization of the PPM national meeting	Apr 14	Sep 14	Pending
1.2.1	FHI360	Promote PPM activities between NTP and Private sector		Apr 14	Sep 14	Pending
1.2.2	FHI360	Children under 5 years put on IPT	Follow up and technical assistance being given at health facility to trained nurses for TB pediatric screening and at community level for contact tracing.	Oct 13	Sep 14	Ongoing
1.2.3	FHI360	Train clinicians in 4 TB CARE I provinces in pediatric TB diagnosis, care and treatment	Training of clinicians in Pediatric TB case management conducted in Niassa and Zambézia provinces with 94 clinicians were trained. Planning in progress for the Nampula training scheduled for May 2014	Oct 13	Sep 14	Ongoing
1.2.4	FHI360, KNCV	Strengthen prison community involvement in early detection and care in selected prisons	This depends mainly on the finalization and approval of the ACSM strategy	Oct 13	Sep 14	Pending
1.2.5	FHI360	Consolidate and expand CB DOTS activities in the 7 TB CARE I target provinces	3 new districts (Muecate in Nampula Province, Caia in Sofala and Tsangano in Tete province) covered with CB DOTS. A total of 53 districts have TB CARE I supported CB DOTS activities in the 7 TB CARE I target provinces.	Oct 13	Sep 14	Completed

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

1.2.6	FHI360	Conduct CB DOTS technical assistance visit to support DOTS strategy at community and health facility level.	Six technical assistance visits conducted in Tete, Gaza, Zambézia, Niassa, Sofala and Manica where 10 partners were visited. The visits are crucial in building partner capacity to respond to project needs.	Oct 13	Sep 14	Ongoing
1.2.7	MSH	Expand the hospital based TB case detection strategy to 2 provinces and reach 6 health facilities	Implementation plan has been developed, first contacts made with respective provincial directorates of health and expansion to commence Q2. The SOP guidelines have been translated from English to Portuguese. The training program for the SOPs is already established and waiting for its implementation in the health facilities. The NTP has recently approved the SOPs and trainings are set to begin shortly.	Oct 13	Sep 14	Ongoing
1.2.8	FHI360	World TB Day commemorated	Support provided to both NTP central and provincial level with logistics support in printing and distribution TB IEC materials.	Mar 14	Mar 14	Completed

2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.1.1	A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP	No	Yes	Draft in editing process	A draft was formulated and is currently under review by all collaborators
2.1.2	Number of laboratories with working internal and external QA programs for smear microscopy and culture/DST	80 smear microscopy; 3 culture; 2 DST	120 smear microscopy; 3 culture; 3 DST	Not yet measured	
2.1.3	Number and % of laboratories demonstrating acceptable EQA performance	28% (72/252)	42% (108/252)	Measured annually	
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	(3 TB CARE I)	Yes (3 TB CARE I)	Yes (2 TB CARE I) – Beira and Maputo for culture and DST; Nampula only doing culture	
2.3.2	Rapid tests conducted	1,200 tests in 3 TB CARE I) GeneXpert sites	Yes (1350 in 3 TB CARE I) GeneXpert sites	1372 tests conducted	

2.3.3	Patients diagnosed with GeneXpert		402 tests; 140 confirmed; 40 rifampicin resistant	1350 tests; 300 positive; 105 rifampicin resistant	1372 tests, 327 positive and 60 Rif resistance	
2.1.4	<i>Laboratory reagents and consumables procured to guarantee lab testing for TB</i> Numerator: Yes-defined quantities of reagents and consumables.		n/a	Yes	Yes	Procurement process initiated
2.1.5	<i>Increased TB lab diagnostic facilities</i> Numerator: Number of health facilities with rehabilitated micro lab functioning		0/2012	7	0	Sites in 6 provinces have been identified and rehabilitation process in progress with bidding for construction companies being done
2.1.6	<i>No stock out of laboratory reagents and consumables registered</i> Numerator: Yes-stock out averted by guarantying availability of lab reagents and consumables.		Yes (30 MOH staff trained in lab supplies quantification)	No	This will be measured next quarter.	47 lab technicians trained from all 11 provinces in quantification of lab consumables and reagents
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
2.1.1	FHI360, MSH	A national laboratory strategic plan developed and approved	Draft plan developed with support from MSH Lab consultant. The plan is under review by the various stakeholders including the NRL, National Health Institute, NTP Lab section and partners providing Lab support. Inputs will be incorporated by TB CARE I/MSH Lab consultant and the strategic plan will be finalized and submitted for approvals.	Oct 13	Sep 14	Ongoing
2.1.2	FHI360, MSH	Strengthening internal and external quality control systems for Microscopy	Training done in 2 provinces (Sofala and Tete) with a total of 59 technicians (16 Females and 26) trained in EQA. One more province under TB CARE is remaining.	Oct 13	Sep 14	Ongoing
2.1.3	FHI360, MSH	Strengthening quality control measures by conducting blind rechecking activities	Activity cancelled under the APA4 Q1 MOT	Oct 13	Sep 14	Cancelled
2.1.4	FHI360, MSH	Conduct one national training in laboratory reagents and supplies distribution	47 lab technicians trained from all 11 provinces in quantification of lab consumables and reagents using GLI/TB CARE I laboratory tools on management of TB laboratory supplies.	Oct 13	Sep 14	Completed

2.1.5	FHI360	Procure lab reagents and consumables to support functioning of the NTP Lab department testing capacity	Procurement process initiated with a public bidding process opened for procurement of Auramina O, Alcohol, sputum containers and other consumables.	Oct 13	Sep 14	Ongoing
2.1.6	FHI360	Identify 7 peripheral health facilities with usable space to rehabilitate and equip as a functional microscopy laboratory.	6 health facilities with potential space for microscopy laboratories were identified. Work has commenced in Manica province with contract bidding in progress in the other 5 provinces. Niassa still to identify site.	Oct 13	Sep 14	Ongoing
2.1.7	FHI360	Strengthened performance of TB labs in EQA	Activity suspended due to the political situation	Oct 13	Sep 14	Postponed
2.1.8	FHI360	Central and provincial level staff (NTP & NMCP) staff trained in laboratory supplies quantification.	47 lab technicians trained from all 11 provinces in quantification of lab consumables and reagents using the GLI/TB CARE I laboratory tool. Activity 2.1.4 and 2.1.8 realized as one	Oct 13	Dec 13	Completed.
2.3.1	FHI360	Guarantee functioning of the 3 TB CARE I GeneXpert machines	Procurement of Cartridges has been started with supplier identified.	Oct 13	Sep 14	Ongoing
2.3.2	FHI360	Maintenance of the 3 TB CARE I GeneXpert machines.	Regular servicing especially calibrations support provided through online support from GeneXpert being done.	Oct 13	Sep 14	Ongoing
2.3.3	FHI360, MSH	Expansion of DST and Culture to the northern region of Mozambique	Nampula reference lab now with capacity to do first line MGIT DST. Mentoring provided by the National Reference Lab staff and MSH Lab consultant.	Oct 13	Sep 14	Completed
2.3.4	FHI360, MSH	Finalize the GeneXpert implementation plan	The GeneXpert plan has been finalized and will be presented in Q3 for the Ministers approval.	Oct 13	Sep 14	Ongoing
2.3.5	FHI360	Provide assistance to the 3 TB CARE I GeneXpert sites	Remote technical assistance to the 3 sites support being provided by the TB CARE I senior lab officer to the 3 sites. Site supervision to commence in Q2	Oct 13	Sep 14	Ongoing

2.3 Infection Control

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
3.2.1	"FAST" strategy has been adapted and adopted	No facility	3 Health facilities in 3 Provinces	0	4 facilities identified in Niassa province and provincial level buy in attained for

					implementation from April 2014		
3.2.2	Facilities implementing TB IC measures with TB CARE support		n/a	60 (53 TB CARE I district level hospitals + 7 prisons)	This will be measured next quarter		
3.2.3	IC personal protection equipment procured Numerator: Number of mask procured and in use		n/a	6000 N95 masks procured	0	Procurement of IC personal equipment in progress	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.2.1	FHI360	The "FAST" strategy is piloted in 3 selected health facilities	4 districts (Maua, Mandimba, Mecanhelas and Ngauma) in Niassa districts selected. Provincial level buy in attained and implementation will commence in April 2014.		Oct 13	Sep 14	Ongoing
3.2.2	FHI360, KNCV	TB Health IC IEC materials produced and in use	Material development still pending.		Oct 13	Sep 14	Pending.
3.2.3	FHI360	Conduct minor rehabilitations within TB corners to improve IC measures	Identification of sites has been concluded in close coordination with NTP provincial levels in the 7 TB CARE I target provinces.		Oct 13	Sep 14	Ongoing
3.2.4	FHI360	IC personal protection equipment procurement	Procurement of IC personal equipment in progress		Oct 13	Sep 14	Ongoing.

2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
C6	Number of MDR cases diagnosed	116	350	69	
C7	Number of MDR cases put on treatment	99	297	69	
4.1.1	TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment	n/a	15% (53/350) Yes	Measured annually	
4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	n/a	60% (178/297)	Measured annually as system currently doesn't allow for quarterly tracking	The plan is to strengthen first the M&E department for proper RR of MDR TB patients for easy follow up. This is part of the new PMDT

					strategy.		
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		n/a	50% (159/297)	Measured annually		
4.1.4	A functioning National PMDT coordinating body		Yes	Yes	Yes		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
4.1.1	FHI360	Strengthen MDR TB register	The data collection forms and report registers are still to be finalized and this will be used to develop the electronic data base register.		Oct 13	Sep 14	Pending
4.1.2	FHI360	Improve the transportation and quality of MDR TB samples	Request for quotes have been sent out to potential suppliers. A public bidding process is to be followed.		Oct 13	Sep 14	Ongoing
4.1.3	FHI360	Expand system for sending results from national TB reference lab to district health facilities (SMS printer system)	Contacts made with the partner pilot testing the printer system software in the country and the project is waiting for final testing report to assess if we can expand the system to cover TB testing and results sending.		Oct 13	Oct 13	Pending
4.1.4	FHI360	Expand DR TB ambulatory treatment capacity			Oct 13	Sep 14	Pending
4.1.5	FHI360	Continued support to the function of the national DR TB coordinating body	TB CARE I MDR TB Technical Officer actively participates in the DR TB coordinating body and leads the Pediatric TB body.		Oct 13	Sep 14	Ongoing
4.1.6	KNCV	PMDT Technical support visit conducted			Oct 13	Sep 14	Pending
4.1.7	FHI360, KNCV	Supervisory visits conducted to support implementation of PMDT activities at provincial level			Oct 13	Sep 14	Pending
4.1.8	FHI360	Develop and implement an electronic patient based recording and reporting system (RR) for MDR TB	The installation of the electronic server system started in APA3 is still to be concluded and the development of the data base will start as soon as all servers are		Oct 13	Sep 14	Ongoing

		patients	installed.			
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2.5 TB/HIV

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
5.1.1	Number and % of new HIV patients treated for latent TB infection during reporting period Numerator? Denominator?		31% (10,540)	60% (87,804)	15,691 (34.7%) 15,691/45,210	Information reported for Oct – Dec 2013. Data for this quarter still to be finalized
5.2.1	Number and % of HIV-positive patients who were screened for TB in HIV care or treatment settings Numerator? Denominator?		72% (37,478)	85% (159,066)	40,843 (90.3%) 45,210/40,843	Information reported for Oct – Dec 2013. Data for this quarter still to be finalized
5.2.4	Strengthen data registration at health facility level for TB/HIV co-infection activities within the TB care and treatment settings <i>Numerator: number of health facilities complete registration process</i>		0	60 (one in each district)	Not yet measured	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.1.1	FHI360	Support in the conduct of quarterly TB/HIV TASKFORCE provincial meetings	8 provincial quarterly taskforce meetings held in 3 provinces of Gaza, Zambézia, Manica and Nampula with TB CARE I support.	Oct 13	Sep 14	Ongoing
5.2.1	FHI360	Train clinicians in TB/HIV collaborative activities	Trainings have been planned for June (Niassa and Zambezia) and July (Manica)	Oct 13	Sep 14	Pending. To start in Q3
5.2.2	FHI360	Strengthen data registration at health facility level for TB/HIV co-infection activities within the TB care and treatment settings	Supervision visits conducted in Zambézia and during the visit, program gaps in registration and reporting were identified and measures on sites to improve the implementation of TB/HIV activities strengthened.	Oct 13	Sep 14	Ongoing

2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
6.1.1	Government budget includes support for anti-TB drugs		Yes	25% (1,061,010/4,244,040)	Measured Annually		TB CARE I drug management specialist provides technical assistance to the NTP in financial gap analysis
6.2.1	TB CARE-supported supervisory visits conducted		Yes (12)	Yes (21 – 14 TBCAREI/NTP Integrated visits + 7 DR TB visits)	2 TB CARE I supported supervision visits in Zambézia and Sofala provinces		Visits conducted between October 2013 and March 2014.
6.2.2	Number of people trained using TB CARE funds		500	606 (256 district supervisors + deputies; 350 others)	630 (27 NTP supervisors, 94 clinicians in Ped TB, 59 lab technicians in QA, 49 in quantification, 60 health professionals in DOTS C management and 368 traditional healers in DOTS)		
6.1.3	Participation in International Events Number of international conference and trainings attended by one or several Tb CARE I staff members?		2	3	2		Participation in the Paris UNION Conference and GF NFM conference in South Africa
6.2.4	TB CARE I close out activities implemented (Number of close out visits conducted and meetings held at provincial level)		0	7 Close out visits and meetings	0		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
6.1.1	FHI360	Funding for TB program more sustainable	The activity has been suspended as support will be not needed as previously planned but funds will be reserved, in case I will be necessary during the Concept note designing		Oct 13	Sep 14	Pending
6.1.2	KNCV	Support provided for NTP GF	The TB CARE I project supported		Oct 13	Sep 14	Completed

		process and activities implementation.	participation of the project director in the GF NFM meeting held in South Africa. After the participation, the project director together with the NTP head and the GF CCM are actively involved in the development of the GF TB/HIV integrated NFM proposal			
6.1.3	FHI360	Participation in International Events	Support provided in the participation of 2 MOH and 3 TB CARE I staff at the UNION conference and participation of the project director at the GF NFM meeting	Oct 13	Sep 14	Ongoing
6.2.1	FHI360	Conduct TB CARE I support visits to implementing agencies (Program and Finance)	Finance site visits conducted in Niassa, Zambezia, Sofala and Manica provinces where all partners were visited and their finance documents verified for compliance to donor requirements. Program support visits completed in 4 provinces.	Oct 13	Sep 14	Ongoing
6.2.2	FHI360, MSH, WHO	Conduct TB CARE I/NTP Integrated supervision visits	2 visits conducted in Zambézia and Sofala provinces. The Zambézia visit was an NTP/TB CARE I joint visit while the Sofala was an integrated NTP visit.	Oct 13	Sep 14	Ongoing
6.2.3	FHI360, WHO, MSH	Training of health workers in TB program management	27 NTP supervisors trained in TB program management in Niassa province. Remaining provinces will be covered in Q3.	Oct 13	Sep 14	Ongoing
6.2.4	FHI360	TB CARE I close out activities implemented		Sep 14	Sep 14	Pending
APA3 6.3.3	FHI360	APA3 carry over activity Malaria: Provincial and district level M & E focal persons trained in M & E	Two provinces (Cabo Delgado and Nampula) trained in Malaria M&E data reporting with TB CARE I support. A total of 159 (58 females and 101 males) staff were trained	Oct 13	Dec 13	Ongoing
APA3 6.5.1	FHI360	APA3 carry over activity Malaria: Conduct BCC regional workshops	A central Malaria National Meeting conducted with the project support aimed at discussing and sharing major malaria achievements and challenges at all levels. 2 regional workshops planned for Q3.	Oct 13	Dec 13	Ongoing
APA3 6.6.1	FHI360	APA3 carry over activity Malaria: Malaria Laboratory supervision visits conducted	Integrated Central level Malaria laboratory and clinical supervision visits conducted 4 provinces (Gaza, Maputo Province, Maputo Cidade and Nampula), where 16 districts were visited. Provincial level supervision was also conducted in 2 provinces of Tete, Cabo Delgado and Gaza.	Oct 13	Sep 14	Ongoing
APA3 6.6.3	FHI360	APA3 carry over activity Malaria: Provide operational assistance to the NMCP.	Support to the NMCP by the TB CARE I M&E officer in DQA, verification and reporting. Also assistance was given to conduct an ITN	Oct 13	Sep 14	Ongoing

			survey in 2 districts of Nampula province and in the conduction of the integrated evaluation of MOH activities in 3 provinces of Gaza, Niassa and Zambézia.			
APA3 6.6.4	FHI360	APA3 carry over activity Malaria: Participation of NMCP M&E focal person in international events	The project supported the participation of the TB CARE I Malaria M&E Officer in the GF New Funding Model workshop held in Nairobi (Kenya)	Oct 13	Sep 14	Ongoing

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels		Yes	Yes	No		Servers have been installed in 8 provinces. Remaining 3 to be completed in Q3
7.2.1	Data quality measured by NTP		Yes	Yes	Not yet measured		
7.3.1	OR studies completed		3	2	1		The cost efficacy of CB DOTS study has been completed and the report is being finalized
7.3.2	OR study results disseminated		2	1	0		After the finalization of the costs efficacy study report, the study will be disseminate in Q3
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
7.1.1	FHI360	Electronic recording and reporting system functioning	Procurement of servers, routers and equipment completed for all provinces and installation has been done in 8 provinces with the remaining 3 provinces to be completed by Q3.		Oct 13	Sep 14	Ongoing
7.1.2	FHI360	TB Prevalence survey	Initial contacts in preparation of the follow up visit established with NTP and a date for the visit is under discussion.		Mar 14	Sep 14	Pending
7.2.1	FHI360	Support NTP M&E department by revising and reproducing	New registers and forms printed and ready for piloting in Q3		Oct 13	Sep 14	Ongoing

		tools for data collection and use				
7.2.2	FHI360	CB DOTS Implementing agencies reporting valid and quality data to the TB CARE I project	Technical assistance provided to 6 CB DOTS implementing partners in 5 provinces of Gaza, Nampula, Manica, Sofala and Tete on data verification processes, data analysis and feedback processes, and progress against targets.	Oct 13	Sep 14	Ongoing
7.2.3	FHI360	Strengthened involvement of implementing partners in TB control	TB CARE I annual meeting held in March 2014 with participation from NTP central and provincial level, CB DOTS implementing partners and project partners.	Jun 14	Sep 14	Completed
7.3.1	FHI360	KAP results disseminated	The KAP study was finalized and final results from the study were disseminated to all partners, major stakeholders and civil society in Quarter 1. The report has been approved by NTP, FHI and USAID Mission. Translated into English	Oct 13	Sep 14	Completed
7.3.1	FHI360	Conduct a formal impact evaluation of community based TB DOTS program	Protocol under development with support from FHI HQ. Submission done to the ethics committee in-country and at FHI HQ	Oct 13	Mar 14	Ongoing

2.8 Drugs

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
8.1.1	National forecast for the next calendar year is available	YES: 30 health professionals participated in drug quantification workshop.	Quantification exercise conducted for NTP and data made available.	Measured annually	
8.1.2	Updated SOPs for selection, quantification, procurement, and management of TB medicines available	Conduct a TOT training targeting Provincial NTP supervisors and Pharmacy professionals at provincial level Drug Management module finalized and approved.	Conduct a step down training of district level and health facility pharmacy professionals in SOPs and drug management module: 256 people to be trained national (2 per districts from the 128 districts in the country).	Measured annually	

8.1.3	<i>Strengthened LMIS through support supervision to ensure data from the district level collected at National level</i> Numerator: number of supervision visits conducted		3 supervision visits conducted in APA2	8 supervision visits conducted using approved NTP checklist	0	No visits conducted in the last quarter due to instability being registered in the country
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
8.1.1	MSH	Quarterly drug quantification meetings conducted	The second quantification exercise held in January 2014 with a report made available which includes a gap analysis until 2016.	Oct 13	Jun 14	Ongoing
8.1.2	MSH	National TB drugs forecast & quantification report developed and procurement plan for the next calendar year is available	Calendar for 2014 finalized, 1 st and 2 nd line TB drugs quantification process completed and provincial stocks and needs assessment being conducted with first batch sending to provincial drug warehouses for 2014 to be done in Q2.	Oct 13	Sep 14	Ongoing
8.1.3	MSH	Train MOH district level NTP and pharmacy professional on drug management and use of the new WHO recommended regimens	A national training is to be conducted in May 2014. Planning is ongoing	Oct 13	Sep 14	Ongoing
8.1.4	MSH	Report of Batch testing of TB drugs is available to inform decision making at National level	The project is awaiting information from the National Lab on quality control of drugs	Oct 13	Sep 14	Pending
8.1.5	MSH	Strengthened LMIS through support supervision to ensure data from the district level collected at National level	Support supervision carried out in Sofala province with participation of staff from the national drug warehouse - CMAM. Another supervision is scheduled for Zambézia province in May 2014.	Oct 13	Sep 14	Ongoing

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
MOZ-708-G07-T (TFM)	B1	B1	US\$ 15.1 m	US\$ 7.6 m

* Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

Key personnel from the country coordination mechanisms (CCM) for GF, NTP staff and TB CARE I COP participated in the GF NFM meeting held in South Africa where the joint TB/HIV proposal to be submitted was discussed. Following the meeting, in-country meetings were held to discuss the approach to be taken and how the two programs were to coordinate and collaborate as to successfully submit the joint proposal in time. A timeline was also developed and approved.

Drugs procured under GF R7 arrived as expected in January 2014, in totality. Some have been received by customs and other batches are still with customs for clearance. For second calendar quarter, the central drug warehouse has sufficient stock for the period. The drug management team with support from partners including TB CARE I drug management specialist are in process of quantifying drug needs for the GF NFM.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

Continued support is being provided by the project to GF-linked activities (strategic document design and writing, target setting, data reporting, follow-up of drugs pipeline and shipments, quantification). Through the MSH Drug Management specialist, the project is actively involved in drug pipeline analysis and distribution including providing technical assistance to CMAM (Centre for drug warehousing and management) staff as well as on the job capacity building.

The GF program a goal to increase the TB treatment success rate of registered smear positive cases to at least 85 percent means that there is need to improve and expand TB case detection rate as to guarantee early and effective treatment and cure for each TB patient within an expanded framework. The TB CARE I strategies of increasing detection by expanding and consolidating CB DOTS as well as piloting the intensified case finding strategy are meant to harness our activities to GF goals.

4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	165	87	
Total 2011	283	146	
Total 2012	266	213	
Jan-Mar 2013		57	
Apr-Jun 2013	59	80	
Jul-Sep 2013		89	
Oct-Dec 2013	69	69	
Total 2013		295	
Jan – Mar 2014			

5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	FHI 360	S&O: E13	Carol Hamilton & Suzanne Essama-Bibi	HQ programmatic support	September, 2014	Pending		
2	KNCV	1.1.2	Sara Massaut	Integrate PCA strategies with the already humanization strategy adopted by the ministry of health	February, 2014	Pending		Planned for June 2014
3	KNCV	1.1.3	Netty Kamp	Finalize ACSM strategy	March, 2014	Pending		Planned for April 2014
4	KNCV	1.2.4	Netty Kamp	Strengthen prison communication involvement in early detection and care selected prisons	March, 2014	Pending		Planned for May 2014
5	KNCV	3.2.2	Netty Kamp	TB health IC IEC materials produced and in use	October, 2013	Pending		Planned for May 2014
6	KNCV	4.1.6	Vincent Kuyvenhoven	PMDT technical support visit conducted	March, 2014	Pending		July 09-26, 2014
7	KNCV	4.1.7	Vincent Kuyvenhoven	PMDT supervision visit	November, 2013	Pending		July 09-26, 2014
8	KNCV	6.1.1	Bert Schreuder	Funding for TB program more sustainable	March, 2014	Pending		Funds will be reserved, in case it'll be necessary during the Concept note designing
9	KNCV	6.1.2	Bert Schreuder, Nico Kalisvaart, Rachel Ochoa	Support provided for NTP GF process and activities implementation	November, 2013	Pending		
10	KNCV	7.1.1	Ellen Mitchel & Eveline	TB Prevalence study	March, 2014	Pending		Second week of June 2014

			Klinkenberg					
11	MSH	1.2.7	Samuel Kinyanjui & Abel Nkolo	Support training of staff in relation implementing SOPs' strategy for increased TB case detection in Gaza	October 2013	Completed	December 13	Visit conducted by Abel Nkolo.
12	MSH	1.2.7	Abel Nkolo	Support evaluation of the SOPs strategy to increase Tb case detection in the pilot sites	May-14	Pending		Dr. Berhanemeskal Assefa to replace Abel Nkolo
13	MSH	8.1.2	Samuel Kinyanjui	Support the NTP and CMAM to develop the country's 2 year TB drug forecast and procurement plan.	Apr-14	Completed in February 14		Visit conducted by Luiz Reciolino
14	MSH	8.1.3	Samuel Kinyanjui	Revision of TB drug management manual and recording and reporting tools	Oct-13	Completed	December 13	Visit conducted by Abel Nkolo
15	MSH	8.1.4 & 8.1.3	Samuel Kinyanjui	Support to write batch testing report and conduct field supervisor tools review	Jan-14	Pending		Visits to be conducted by Dr. Luiz Reciolino
16	MSH	2.1.1	Grace Kahenya	Support the country team assess the country lab network in 3 provinces	Nov-13	Completed	December 13	Draft Laboratory strategic plan was developed during the visit.
17	MSH	2.1.2	Grace Kahenya & Catherine Mundy	Support the Local Lab staff establish EQA in three provinces, including training and field visits	Jan-14	Pending		
18	MSH	2.1.4	Grace Kahenya	Support training of lab staff on Lab supplies management	Mar-14	Pending		Rescheduled for late February 2014
19	MSH	2.1.7	Grace Kahenya	Provide leadership and mentorship in intergrated support supervision to selected provincial labs	May-14	Pending		
20	MSH	2.1.8	Charles Kagoma	provide support in laboratory supplies quantification	October, 2013	Pending		Rescheduled for late February 2014

				training.				
Total number of visits conducted (cumulative for fiscal year)						4		
Total number of visits planned in workplan						20		
Percent of planned international consultant visits conducted						20%		

Photos:

Rehabilitations of usable space within health facilities for Microscopy lab network expansion:

Before



After



Training on the correct use of Mantoux test



IA presentation during the annual TB CARE I meeting

